

<p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center; margin: 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">For FY 2007</h3>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/554,465-Conf. #3425</td></tr> <tr><td>Filing Date</td><td>May 12, 2000</td></tr> <tr><td>First Named Inventor</td><td>Peter KUFER</td></tr> <tr><td>Examiner Name</td><td>C. J. Cheu</td></tr> <tr><td>Art Unit</td><td>1641</td></tr> <tr><td>Attorney Docket No.</td><td>0147-0199P</td></tr> </table>		Application Number	09/554,465-Conf. #3425	Filing Date	May 12, 2000	First Named Inventor	Peter KUFER	Examiner Name	C. J. Cheu	Art Unit	1641	Attorney Docket No.	0147-0199P
Application Number	09/554,465-Conf. #3425														
Filing Date	May 12, 2000														
First Named Inventor	Peter KUFER														
Examiner Name	C. J. Cheu														
Art Unit	1641														
Attorney Docket No.	0147-0199P														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT		(\$) 180.00													

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>02-2448</u> Deposit Account Name <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
		- 51 =	x			=	_____
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
		- 3 =	x			=	_____
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fees Paid (\$)		
		- 100 =	/50	(round up to a whole number) x	= _____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1800 Submission of an Information Disclosure Statement							180.00

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	30,330	Telephone (858) 792-8855
Name (Print/Type) Leonard R. Svensson	Date September 13, 2007		